

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Robert L. Best			
II. Name of lobbyist's partn	ership, firm or co	orporation, if any:		
Sulloway & Holl (Name of par	is, P.L.L.C. tnership, firm or co	rporation)		
9 Capitol Street,	Concord,	New Hampshir	e 03301	
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(603) <u>223-2800</u> (Telephone)	(603)	226-2404 (Fax)	c-mail <u>rb</u>	est@sulloway.com
III. This statement covers: (reportable expense transact	ions which are no	ot attributable to a	ny one client).	you may file a separate report for ye to the following client:
New Hampshi	re Medical Soc	iety		
(Full)	lame of Client as it	appears on the Lobby	ist Registration Form)	
OR All reportable transactions unrelated to any particular clie		ncluding the lobbyi	st's family), or the lo	obbying firm listed below which are
	24, 2019 X date of registration	to 3/31/19 a	July 31, 2019 ectivity from 4/1/19 to	
	ber 30, 2019 🗍 <i>from 7/1/19 to 9/30</i>	/19	January 29, 20 activity from 10/1/19 to	
V. There have been no fee If this box is checked, comple Concord, NH 03301.				ince the last report. Give, State House, Room 204,
VI, Check if additional repo	rts are attached:			
If you have received fees			Addendum A- Fees	and Expenses
☐ If you have paid an honor Expense Reimbursement	arium or reimbur	sed expenses, you n	ust file Addendum	B- Report of Honorariums or
☐ If you, your firm, or your	family has made	political contributio	ns, you must file Ad	dendum C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m	B, RSA 14-C and	RSA 664 and hereb	y swear or affirm th	at the foregoing information is truc
(Signature of lobbyist)				(Datc)
Robert L. Bes	<i>.</i> }			
(Print Name of lobbyist)				RECEIVED

APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert L. Best	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Sulloway & Hollis, P.L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Medical Society	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: a) Total of all fees received in this reporting period	relations, or public relations service
·	b) \$
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year.)	
c) Total of all fees received to date	
(Add lines a and b)	c) \$600.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair (penses; (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political expenses reimbursement, or political expenses reimbursement, or political expenses reimbursement.
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a) 2.5525 colors. 	a) \$ b) \$
in a), of \$25 or less.	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
s	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	(Date)
Robert L. Best	
(Print Name of lobbyist)	